

Supplemental Application Data Sheet

Application Information

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| Application number:: | <u>10/682,359</u> |
| Filing Date:: | <u>10/09/2003</u> |
| Application Type:: | Utility |
| Subject Matter:: | Regular |
| Title:: | <u>Shielded Transport for Multiple</u> <u>Brachytherapy Implants with Integrated</u> <u>Measuring and Cutting Board</u> |
| Attorney Docket Number:: | WORLD-01011US0 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 12 |
| Small Entity?:: | Yes |

Applicant Information

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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Richard |
| Middle Name:: | A. |
| Family Name:: | Terwilliger |
| Name Suffix:: | |
| City of Residence:: | Southbury |
| State or Province of Residence:: | Connecticut |
| Country of Residence:: | United States |
| Street of mailing address:: | 604 Old Field Road |
| City of mailing address:: | Southbury |
| State or Province of mailing address:: | Connecticut |

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|--|---------------------------|
| Country of mailing address:: | United States |
| Postal or Zip Code of mailing address:: | 06488 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Gary |
| Middle Name:: | A. |
| Family Name:: | Lamoureux |
| Name Suffix:: | |
| City of Residence:: | Woodbury |
| State or Province of Residence:: | Connecticut |
| Country of Residence:: | United States |
| Street of mailing address:: | 373 Old Sherman Hill Road |
| City of mailing address:: | Woodbury |
| State or Province of mailing address:: | Connecticut |
| Country of mailing address:: | United States |
| Postal or Zip Code of mailing address:: | 06798 |

Correspondence Information

| | |
|---|---|
| Correspondence Customer Number:: | 23910 |
| Phone number:: | (415) 362-3800 |
| Fax Number:: | (415) 362-2928 |
| Email address:: | <u>officeactions@fdml.com</u> |

Representative Information

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|---|-------|
| Representative Customer Number:: | 23910 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

Assignee Name:: WORLDWIDE MEDICAL
TECHNOLOGIES LLC (part interest)

Street of mailing address:: 115 Hurley Road, Building 3

City of mailing address:: Oxford

State or Province of mailing address:: Connecticut

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 06478

Assignee Name:: IDEAMATRIX, INC. (part interest)

Street of mailing address:: PO Box 2777

City of mailing address:: Estes Park

State or Province of mailing address:: Colorado

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 80517